



Vision Summary of Benefits

Maricopa County offers a vision plan through Avesis to help pay for routine vision services and materials. When you use an Avesis provider, you pay a copay and then many services are covered at 100% up to the plan allowance. If you use an out-of-network provider, you will be required to pay the full amount of your vision care bill at the time of service. After your visit, you need to submit a copy of the itemized bill to Avesis for reimbursement of the covered amount.

For more details regarding Plan Year 2015-2016 vision benefits or to find an in-network provider, please visit www.avesis.com/maricopa/index.html.

IN-NETWORK BENEFITS

SERVICE	MEMBER COST
Eye Exam	<ul style="list-style-type: none"> Once every 12 months Covered in full after a \$10 copay
Frames*	<ul style="list-style-type: none"> One pair every 12 months The frame allowance is \$130 retail value; 20% discount off balance over \$130 Wal-Mart frame allowance is \$68 Costco frame allowance is \$75
Spectacle Lenses*	<ul style="list-style-type: none"> One pair every 12 months Standard single vision, standard bifocal, standard trifocal, standard lenticular covered in full after a \$10 copay Specialty lenses (e.g. hi-index, photochromic, etc) are available with a discount of up to 20% on the retail price minus plan payment equal to payment for standard lenses.
Standard Progressive	<ul style="list-style-type: none"> Covered in full after \$75 copay
Premium Progressive*	<ul style="list-style-type: none"> \$75 copay, 80% of charge less \$120 allowance
Lens Options, Add Ons*	<p>Member copay:</p> <ul style="list-style-type: none"> UV Coating \$15 Tints (Solid and Gradient) \$15 Standard Scratch Resistance \$15 Standard Polycarbonate \$0 Standard Anti-Reflective Coating \$45
Other Lens Options*	<ul style="list-style-type: none"> Discount of up to 20% on the retail price
Contact Lenses**	<ul style="list-style-type: none"> One pair every 12 months Elective Contact Lenses allowance is \$130; 15% discount off balance over \$130 Fitting and follow-up visit covered for Standard Contact Lenses* with up to \$40 copay Fitting and follow-up visit covered for Premium Contact Lenses* with a 10% discount off retail charges Medically necessary contact lenses covered in full
LASIK Surgery	<ul style="list-style-type: none"> At least 80% of preferred provider charge less lifetime allowance of \$150 per eye Avesis has contracted with participating providers to offer discounts to make your LASIK benefit go farther. Call 1-877-712-2010 to find out if you may be a candidate for LASIK surgery.

* If purchased in-network, discounted prices may be offered through the Avesis Vision Plan. However, as with most products, retail prices may vary. Wal-Mart, Sam's Club and COSTCO do not offer discounts due to their everyday low prices.

** If you choose contact lenses, this benefit is provided instead of the benefit for spectacle lenses and frames.

OUT-OF-NETWORK BENEFITS

SERVICE	REIMBURSED TO THE MEMBER
Eye Exam	<ul style="list-style-type: none"> Once every 12 months Plan reimburses up to \$30 (Dilation services not covered)
Standard and Speciality Spectacle Lenses	<ul style="list-style-type: none"> One pair every 12 months Plan reimburses up to \$25 for single vision, up to \$40 for bifocal lenses, up to \$55 for trifocal lenses or lenticular lenses
Lens Options	<ul style="list-style-type: none"> Standard Polycarbonate plan reimburses up to \$25
Standard and Premium Progressive	<ul style="list-style-type: none"> Plan reimburses up to \$40
Frames	<ul style="list-style-type: none"> One pair every 12 months Plan reimburses up to \$50
Contact Lenses	<ul style="list-style-type: none"> Plan reimburses up to \$130 annually for elective lenses and up to \$250 for medically necessary
LASIK	<ul style="list-style-type: none"> No Benefit

USING OUT OF NETWORK PROVIDERS

Members who elect to use an out-of-network provider must pay the provider in full at the time of service and submit a claim to Avesis for reimbursement. Reimbursement levels are in accordance with the out-of-network reimbursement schedule previously listed. Out-of-network benefits are subject to the same eligibility, availability, frequency of benefits, and limitation and exclusion provisions of the plan; and are in lieu of services provided by a participating Avesis provider. Out-of-network claim forms can be obtained by contacting Avesis' Customer Service Center, your group administrator or by visiting www.avesis.com/maricopa/index.html.

LIMITATIONS AND EXCLUSIONS

Some provisions, benefits, exclusions or limitations listed herein may vary depending on your state of residence.

Limitations:

This plan is designed to cover eye examinations and corrective eyewear. It is also designed to cover visual needs rather than cosmetic options. Should the member select options that are not covered under the plan, as shown in the schedule of benefits, the member will pay a discounted fee to the participating Avesis provider. Benefits are payable only for services received while the group and individual member's coverage is in force.

Exclusions:

There are no benefits under the plan for professional services or materials connected with and arising from:

- 1) Orthoptics of vision training;
- 2) Subnormal vision aids and any supplemental testing;
- 3) Plano (non-prescription) lenses, sunglasses;
- 4) Two pair of glasses in lieu of bifocal lenses;
- 5) Any medical or surgical treatment of eye or support structures;
- 6) Replacement of lost or broken lenses, contact lenses or frames, except when the member is normally eligible for services;
- 7) Any eye examination or corrective eyewear required by an employer as a condition of employment;
- 8) Services or materials provided as a result of Workers Compensation Law, or similar legislation, required by any governmental agency whether Federal, State or subdivision thereof.

NOTES AND DISCLAIMERS

Notes and Disclaimers:

If in-network, dilation is covered in full for the following conditions: central vision loss, photopsia, floaters, history of ocular surgery, history of ocular trauma, history of ocular disease high myopia or diabetes. If the aforementioned conditions do not apply, members will receive Avesis' Preferred Pricing (20% off retail). The contact lens allowance may be used all at once or throughout the plan year as needed. Laser vision correction is considered Refractive Surgery, an elective procedure, and may involve potential risks to patients. Avesis is not responsible for the outcome of any refractive surgery. Only one copay applies to either frame or lenses.

Termination Provisions:

Coverage will end on the earliest of: the date the policy ends or the date the employee is no longer eligible.

AVESIS CUSTOMER CARE - 1-888-211-4012

Monday through Friday -
5:00am to 6:00pm MST

Saturday - 10:00am to 5:00pm
Sunday - 11:00am to 3:00pm

24/7 ONLINE ACCESS & INFORMATION

www.avesis.com/maricopa/index.html